



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW HUNTINGTON HOSPITAL

City of Hospital: Huntington

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Sonya Foraker

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Medicare Provider Number: 150091

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

|                                     |             |
|-------------------------------------|-------------|
| Inpatient Patient Service Revenue   | \$49124348  |
| Outpatient Patient Service Revenue  | \$141083047 |
| Total Gross Patient Service Revenue | \$190207395 |

2. Deductions From Revenue

|                       |             |
|-----------------------|-------------|
| Contractual Allowance | \$119069556 |
| Other Deductions      | \$4763303   |
| Total Deductions      | \$123832859 |

3. Total Operating Revenue

|                             |            |
|-----------------------------|------------|
| Net Patient Service Revenue | \$66374536 |
| Other Operating Revenue     | \$1615204  |
| Total Operating Revenue     | \$67989740 |

4. Operating Expenses

|                               |            |                   |            |
|-------------------------------|------------|-------------------|------------|
| Salaries and Wages            | \$15103898 | Employee Benefits | \$4721145  |
| Depreciation and Amortization | \$1036427  | Interest Expense  | \$7324     |
| Bad Debt                      | \$6482693  | Other Expenses    | \$29922364 |
| Total Operating Expenses      | \$57273851 |                   |            |

5. Net Revenue and Expenses

|                                   |            |                   |            |
|-----------------------------------|------------|-------------------|------------|
| Excess Revenue over Expenses      | \$10715889 | Total Assets      | \$43394900 |
| Net Non-operating Gains over Loss | \$3571128  | Total Liabilities | \$43394900 |

|                 |            |
|-----------------|------------|
| Total Net Gains | \$14287017 |
|-----------------|------------|

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| Statement Two: Contractual Allowance |
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| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$77927886            | \$62476651            | \$15451235                    |
| Medicaid         | \$39004158            | \$32777037            | \$6227121                     |
| Other Government | \$0                   | \$0                   | \$0                           |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$73275351            | \$28579171            | \$44696180                    |
| Total            | \$190207395           | \$123832859           | \$66374536                    |

|                                      |
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| Statement Three: Donations Statement |
|--------------------------------------|

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0                        | \$431315                    | \$-431315               |

|                                    |
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| Statement Four: Research Statement |
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|          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0                        | \$0                         | \$0                     |

|                                     |
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| Statement Five: Education Statement |
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| Education of          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0                        | \$0                         | \$0                     |
| Hospital Patients     | \$0                        | \$0                         | \$0                     |
| Community Education   | \$51615                    | \$133652                    | \$-82037                |

|   |         |
|---|---------|
| Number of Medical Professionals Trained                 | \$0     |
| Number of Hospital Patients Educated                    | \$26032 |
| Number of Citizens Exposed to Health Education Messages | \$29056 |

|                                  |
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| Statement Six: Charity Statement |
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|                          |     |
|--------------------------|-----|
| Hospital Charity Charges | \$0 |
|--------------------------|-----|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$1054553              |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$1054553              | \$-1054553                     |
| Medicaid Shortfalls       | \$8622202             | \$9215731              |                                |
| Subtotal                  | \$8622202             | \$10270264             | \$-1648062                     |
| DSH Payments              | \$0                   |                        |                                |
| Subtotal                  | \$8622202             | \$10270264             | \$-1648062                     |
| Medicare Shortfalls       | \$17097451            | \$17551718             |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$25719653            | \$27821982             | \$-2102329                     |

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| Statement Seven: Subsidized Health Services for the Community |
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|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   | \$0                        | \$0                         | \$0                     |
| Community Assessment | \$0                        | \$0                         | \$0                     |
| Provision of Taxes   | \$0                        | \$0                         | \$0                     |
| Other Allocations    | \$0                        | \$0                         | \$0                     |

Comments

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